Anxiety Disorders

“Anxiety Disorders are characterized by excessive fear and anxiety in the absence of true danger.”

- These are a class of disorders.

**Generalized Anxiety Disorder** is “a diffuse state of constant anxiety not associated with any specific object or event.”

- This is a free-floating anxiety; it is a worry about everything and nothing (that is, nothing specific). It is without cause in some sense.

**Panic Disorder** “consistst of sudden, overwhelming attacks of terror.”

- “Panic attacks typically last for several minutes, during which the person may begin to sweat and tremble; feels his or her heart racing, feels short of breath; feels chest pain; and may feel dizzy and light-headed, with numbness and tingling in the hands and feet. People experiencing panic attacks often feel…that they are dying.”

- Multiple panic attacks is the primary criteria for panic disorder.

- Panic disorder is often accompanied by **agoraphobia**, which is a “fear of being in situations in which escape may be difficult or impossible.” People with panic attacks are often afraid to leave their homes. This co-existence of two or more disorders is known as **comorbidity**.

“**Phobic Disorder** is marked by a persistent and irrational fear of an object or situation that presents no realistic danger.”

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5 Weiten, *Psychology* (9th ed.), p. 608
There is a persistent and irrational fear present and it is an avoidance of the feared object.

There are a number of various types of phobias.

**Etiology of Anxiety Disorders:**

- Gazzaniga et al.\(^6\) point out several contributing factors to the development of anxiety disorders:
  - Temperment
  - Biased thinking (e.g., interpreting neutral events as threatening)
  - Excessive focus on threats
  - Learning (this is particularly true with phobias, but can be seen in other disorders)

**Quests:** *What is the theme or primary thing that comes out of this list?*

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**MOOD DISORDERS**

- **Mood Disorders**
  - **Major Depression**
  - **Bipolar Disorder**

**Major Depressive Disorder** is “a person must experience a major depressive episode, during which he or she experiences a depressed mood or a loss of interest in pleasurable activities every day for at least two weeks. In addition, the person must have other symptoms, such as appetite and weight changes, sleep disturbances, loss of energy, difficulty concentrating, feelings of self-reproach or guilt, and frequent thoughts of death, perhaps by suicide.”\(^7\)

**Etiology of Mood Disorders:**

- **Biological Explanations**
  - There is some evidence of genetic contributions
  - There is some evidence of neural and brain structures differences in those who are depressed

- **Situational Explanations:**
  - Stressful life events (e.g., divorce) play a role in depression

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\(^6\) Gazzaniga et al., *Psychological Science* (4th ed.), p. 634

\(^7\) Gazzaniga et al., *Psychological Science* (4th ed.), p. 639
➤ Cognitive Explanation:
  o There is a bias in thinking (i.e., a tendency towards negative thoughts)
  o Learned helplessness “is a cognitive model of depression in which people feel unable to control events in their lives.”

“Bipolar Disorders (formerly known as manic-depressive disorder) is characterized by the experience of one or more manic episodes as well as periods of depression.”

Features of Manic & Depressive Episodes:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Manic Episodes</th>
<th>Depressive Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Elated, euphoric, very sociable, impatient at any hindrance</td>
<td>Gloomy, hopeless, socially withdrawn, irritable</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Racing thoughts, flight of ideas, impulsive behavior, talkative, delusions of grandeur</td>
<td>Slowness of thought, obsessive worrying, negative self-image, delusions of guilt &amp; disease</td>
</tr>
<tr>
<td>Motor</td>
<td>Hyperactive, tireless, increased sex drive</td>
<td>Tire, experiencing difficulty in sleeping, decreased sex drive and appetite</td>
</tr>
</tbody>
</table>

Etiology of Bipolar Disorder:

➤ The etiology of bipolar is not perfectly clear, but the cause seems to be tied closely to biology (e.g., genes)

Schizophrenia

“Schizophrenia literally means ‘splitting of the mind’. It is “characterized by a split between thought and emotion; it involves alterations in thoughts, in perceptions or in consciousness.”

➤ The symptomology of the class of disorder is the best way to understand it.

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8 Gazzaniga et al., *Psychological Science* (4th ed.), p. 642
9 Weiten, *Psychology* (9th ed.), p. 617
10 Table is taken/adapted from Weiten, *Psychology* (9th ed.), p. 616
Some schizophrenic symptoms can be classified as **positive symptoms** (referring to the things that are added to one’s life because of the condition), such as **delusions** (false thoughts or beliefs) and **hallucinations** (sensory perceptions that are not present).

Some schizophrenic symptoms can be classified as **negative symptoms** (referring to the things that are taken away from one’s life because of the condition), such as **aphathy**, lack of speech, or social withdrawal.

Some schizophrenic symptoms can be classified as **disorganized symptoms** (referring erratic/inappropriate thoughts, feelings, and behavior), such as **disorganized speech** (described as a word salad) and **disorganized behavior** (acting strange or inappropriate, like wearing several layers of clothes on a hot day).

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid</td>
<td>“Dominated by delusions of persecution, along with delusions of grandeur. …People come to believe that they have many enemies who want to harass and oppress them. They may become suspicious of friends and relatives, or they may attribute the persecution to mysterious, unknow persons…. To make sense of this persecution, they often develop delusions of grandeur…They become enormously important people…”</td>
</tr>
<tr>
<td>Catatonic</td>
<td>Dominated by motor disturbance; “some patients go into an extreme form of withdrawal known as a catatonic stupor. They may remain virtually motionless and seem oblivious to the environment around them for long periods of time. Others go into a state of catatonic excitement. They become hyperactive and incoherent. Some alternate between these dramatic extremes.”</td>
</tr>
<tr>
<td>Disorganized</td>
<td>“A particularly severe deterioration of adaptive behavior…[,] including emotional indifference, frequent incoherence, and virtually complete social withdrawal. Aimless babbling and giggling are common. Delusions often center on bodily functions (‘My brain is melting out my ears’).”</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>“People who are clearly schizophrenic but who cannot be placed into any of the three other categories are said to have undifferentiated schizophrenia, which is marked by idiosyncratic mixtures of schizophrenic symptoms. The undifferentiated subtype is farily common.”</td>
</tr>
</tbody>
</table>

**Etiology of Bipolar Disorder:**
The etiology of schizophrenia is not well understood.

- Brain Abnormalities

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12 Weiten, Psychology (9th ed.), p. 625
13 Weiten, Psychology (9th ed.), p. 625
14 Weiten, Psychology (9th ed.), p. 625
15 Weiten, Psychology (9th ed.), p. 625
There are a number of brain abnormalities that are lined with schizophrenia. For example, the ventricles in schizophrenic patients is larger. “Although [the men in the photo] are twins, the one on the right has schizophrenia and the one on the left does not. In the MRI of the twin with schizophrenia, note the larger ventricles (these fluid-filled cavities appear dark in the image). This same pattern has emerged in the study of other twin pairs in which one has schizophrenia and the other does not. Thus the brain may be deteriorating over time for those with schizophrenia, and this finding tells us that biological factors may be important for understanding schizophrenia. 

- **dopamine hypothesis**: suggests that abnormalities in dopamine activity causes schizophrenia; drugs that reduce this activity can be effective in reducing schizophrenic activity

- **Neurodevelopmental Hypothesis** “asserts that schizophrenia is caused in part by various disruptions in the normal maturational processes of the brain before or at birth. According to this hypothesis, insults to the brain during sensitive phases of prenatal development or during birth can cause subtle neurological damage that elevates individuals’ vulnerability to schizophrenia years later in adolescence and early adulthood... Thus far, research has focused on viral infections or malnutrition during prenatal development and on obstetrical complications during the birth process.” The hypothesis [further] holds that stressful experiences can aggravate the symptoms and that supportive relatives and friends can decrease them, but environmental factors by themselves do not cause schizophrenia.

- One interesting finding related to the neurodevelopmental hypothesis is the *season-of-birth-effect*, which is “the tendency for people born in winter to have a slightly greater probability of developing schizophrenia than people born at other times of the year.

“... The likeliest hypothesis is viral infection. Viral epidemics are most common in fall. Therefore the reasoning goes, during the fall epidemic, many pregnant women become infected with a virus that impairs a crucial stage of brain development in babies who will be born in the winter. ... A viral infection gives the mother a fever, and the fetal brain is extremely vulnerable to heat damage.”

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16 Gazzaniga et al., *Psychological Science (4th ed.)*, p. 642 (the picture is taken from the teaching/resource materials associated with this textbook)
17 Weiten, *Psychology (9th ed.)*, p. 625
18 Kalat, *Biological Psychology (6th ed.)*, p. 434
19 Kalat, *Biological Psychology (6th ed.)*, p. 435
20 Kalat, *Biological Psychology (6th ed.)*, p. 435
Graphic represents the neurodevelopmental hypothesis\textsuperscript{21}:

- Prenatal viral infection
- Prenatal malnutrition
- Obstetrical complications
- Other brain insults

Disruptions of normal maturational processes before or after birth → Subtle neurological damage → Increased vulnerability to schizophrenia → Minor physical anomalies

➢ There are also some suggestions that the environment plays a role in schizophrenia\textsuperscript{22}

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\textsuperscript{21} Wording and layout of graphic is taken from Weiten, \textit{Psychology} (9\textsuperscript{th} ed.), p. 629

\textsuperscript{22} The graphics are from the teaching/resource materials associated with Gazzaniga et al., \textit{Psychological Science} (4\textsuperscript{th} ed.)